



## COPD Self-Management Information Improvement Project Proof of Concept, using the Community Appointment Day approach

### Evidence Review and Evaluation Interim Report

July 2025



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## Acknowledgements

These events would not have been possible, and would not have been as successful, without the considerable support and involvement from a wide range of individuals and partner organisations. We therefore wish to acknowledge and thank the following:

- NHS Grampian Charities for funding
- NHS Grampian Healthpoint team for managing patient bookings
- Lisa Taylor and the Moray Health Improvement Team for planning advice and support on the day
- Caroline Anderson and the Aberdeen Vaccination Team for planning advice and support on the day
- The Respiratory MCN team and clinicians for their time supporting this project
- NHS Grampian Public Health Colleagues for support with patient stories/evaluation
- Staff from Moray Council and Moray Health & Social Care Partnership
- New Elgin Public Hall for loan of the tables and chairs for the Elgin event
- Staff from Aberdeen Health & Social Care Partnership
- Patients, NHS staff and NHS volunteers for their time and participation
- Marketplace and partner organisation representatives for their time and participation

## Executive Summary

In October 2024 a project was commissioned by the Respiratory MCN to design and delivery up to two in-person information events for people living with COPD. This project was a proof of concept, to determine whether they could contribute to improved patient self-management of COPD.

The over-arching outcome the project was aiming to influence was improved symptom control by patients with COPD, where they are enabled to self-manage their condition and reduce or avoid symptom exacerbations which may otherwise result in unscheduled primary or secondary care presentations.

After exploring examples of other similar events, both locally and elsewhere, and after asking people with lived experience of COPD what they would want such an event to include, and whether they would attend, the decision was made to use the Community Appointment Day (CAD) approach. This would be the first time that the CAD approach had been used directly targeting general practice patients. A small number of GP practices in Moray and Aberdeen, with higher rates of acute admissions of their COPD patient list, were invited to participate. The approach involved offering each event to the entire COPD patient list of two GP practices. Two events were held, the first in Elgin in April 2025, the second in Aberdeen in May 2025, which were made possible as a result of funding from NHS Charities. A total of 246 patients booked to attend across the two events, from a total invite list of approximately 1160 (21% take up rate), and 206 patients attended across the two events on the day.

The event format centred around a 1:1 'What Matters to you' conversation, followed by a 20-30minute clinical talk offered in groups, followed by access to a marketplace with around 20 different health, community and 3<sup>rd</sup> sector partners relevant to those living with COPD, plus a peer support cafe.

On arrival patients said that what mattered to them was:

- Managing COPD symptoms
- Information and education needs – understanding COPD better
- Staying active and other lifestyle factors
- Access to care and support
- Emotional and social wellbeing

The Alliance were recently quoted as saying “The best self-management happens when people feel heard, respected and supported”. The on-the-day patient feedback from the two COPD Community Appointment Days delivered as part of this project shows that the vast majority of those who attended felt heard, respected and supported.

It is no surprise therefore, that on the primary objective of the project - improving how **informed, able, and confident** patients felt about managing their COPD symptoms - attendees’ experience translated to at least 70% reporting on the day much better or a bit better than before the event on each of those three metrics.

Overall, patients rated their experience of the event 4.5 out of 5.

The key things that people said they got, and valued, from the events were:

- More Information about their condition and how to manage it
- Greater awareness of all the support available
- The benefit of everything (all information and services) in once place
- Less time pressure (to enable meaningful interactions with healthcare and support services)

Further evaluation is required, to measure whether the events have a lasting impact on those who attended in terms of a sustained improvement in their ability to self-manage their COPD. This will, in part, be done via follow-up telephone interviews with a sample of those who attended the events, approximately 6 months after their event.

Looking forward, some key questions that might be appropriate to ask as part of a forward-looking plan for supporting increased self-management of COPD might include:

- What makes a key positive different to patient COPD self-management?
- How might we effectively and sustainably support that?
- What are the possible models for delivery?

There are also questions for the MCN to consider in terms of its role in this.

- What is its role in improving patient self-management?
- Should its role focus on patient education, targeted at patients, for example consideration of future patient-facing events similar to these CADs?
- Should its role focus on practice education, to help equip primary care staff with the necessary tools to support improved patient self-management?
- For either of the possibilities above, there may be further questions: should any agreed focus be on a pan-Board approach, a cluster approach, or focussed on those GP practices with higher than average acute admissions of their COPD patient list?

## Introduction

This report is the first part of a planned, staggered approach to evaluating the outcomes and impact of this project. Its purpose is to summarise the planning and delivery of the Information events undertaken, to support our understanding of the application of the Community Appointment Day (CAD) approach, to document the impacts on the day of the delivered events, and to help the Respiratory MCN to explore how patients could be provided with self-management information and support, effectively and sustainably.

## Background

Chronic Obstructive Pulmonary Disease (COPD) is one of the most common respiratory diseases in Scotland and remains an important and debilitating disease for many people. Living with COPD can impact every aspect of a person's life. The biggest impacts for some people may be direct impacts on their ability to keep physically active, or on how their condition impacts their confidence and mental wellbeing, while for others the impact may be on the ability to work or to care for a loved one.

COPD exacerbations (flare ups) are a common reason for unscheduled healthcare presentations and hospital admission, and there is typically reduced recovery after each exacerbation. While there is no cure for COPD, good symptom control is essential to enable people to self-manage their condition and reduce the risk of exacerbations. Providing people with the right information and support to manage their condition, effectively and with confidence, can help people live well with COPD for longer.

There can be limited time during routine healthcare appointments to have a holistic conversation, to empower patients to better self-manage, or to encourage them to engage with relevant programmes of physical or other activities.

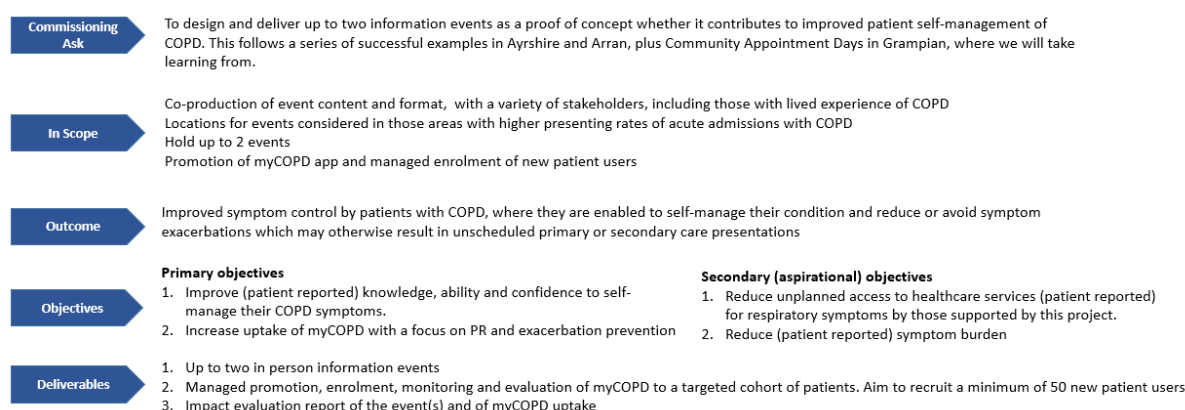
This proof of concept project, targeted at patients living with COPD, was commissioned by the Respiratory MCN in October 2024. The Commissioning ask was to design and deliver up to two in person information events, to determine whether they could contribute to improved patient self-management of COPD.

The primary objective of the project was improved (patient reported) knowledge, ability and confidence to self-manage their COPD symptoms.

In 2023/24 the average length of stay for a COPD acute admission was six days and the readmission rate within 28 days was 24.9%. Therefore, a secondary, aspirational, objective was to contribute to a reduction in unplanned access to healthcare services due to respiratory symptoms for those supported by the project.

The over-arching outcome that the project was aiming to influence was improved symptom control by patients with COPD, where they are enabled to self-manage their condition and reduce or avoid symptom exacerbations which may otherwise result in unscheduled primary or secondary care presentations.

## Image 1 – Commissioning ask of the project as set by the Respiratory MCN



Commissioning ask can be found in appendix 1.

## Developing and Planning the Events

### Project Management

Project Management and day to day delivery of the project was provided and led by Erika Skinner and Lauren Rodman, from the Programmes Team of the Planning, Innovation and Programmes Directorate of NHS Grampian. Regular meetings were held with the Project Sponsor and Commissioner - the Respiratory MCN core team - for guidance and decision support at stage gates of the project. During the delivery planning phase of each CAD event in the 4 weeks running up to each event, weekly meetings were held with a wider group of key stakeholders.

The key stages of the event following commission were as illustrated below.



### Learning from Elsewhere

The discovery phase of the project involved an exploration of the format and impact of relevant past information approaches and events, both locally and elsewhere.

NHS Ayrshire and Arran shared relevant past examples of using a Community Information event approach to deliver COPD self-management information and support, which showed on-the-day patient reported increases in confidence and ability to self-manage COPD.

As part of the Putting People First approach, NHS Grampian were already in the early stages of introducing a Community Appointment Day (CAD) approach, with successful pilot events for MSK service patients in Elgin and chronic pain services in Aberdeen.

### Selection of GP practices and patient cohorts

Unlike most other CADs, both locally and elsewhere, this project was not targeted at patients on a healthcare waiting list, but rather people living with a long term condition. In essence it was aimed at prevention and improved wellbeing for a patient cohort where good self-management might reduce, or slow, demand for healthcare services.

It was also the first CAD approach in NHS Grampian to target GP practice patient populations directly.

At an early stage, and using 2023/24 acute admissions data, the decision was taken to target a small number of NHS Grampian GP practice COPD patient lists, focussing on practices with higher rates of acute admissions of their COPD patient list.

A small number of GP practices were approached and invited to participate, resulting in two Moray and two Aberdeen City practices being selected (Linkwood and Maryhill in Elgin, and Elmbank and Woodside in Aberdeen). Ultimately, due to lower than expected patient take up in Aberdeen, Torry practice was also extended an opportunity to promote the Aberdeen event to their COPD patient list.

Consideration was given as to whether patients at a certain point in their COPD journey should be targeted, for example those at early diagnosis, or those that had or had not already had an acute admissions due to their COPD. The reported learnings from the NHS Ayrshire and Arran past events were that patients at most points in their COPD journey benefitted from the Information Events. In addition, more locally, the experience of clinicians supporting the NHS Grampian Community Respiratory Service was that patients at more advanced stages of COPD often displayed limited understanding of their condition and awareness effective self-management.

As a result, and in partnership with the participating GP practices, it was decided that the event opportunity should be made available to the entire COPD patient list of each participating practice, with the exclusion of housebound and palliative patients (as determined by the GP practice).

### Co-production – Gathering the views of Patients with Lived Experience

To inform the format and content of the events, the next stage of the project involved undertaking a co-production exercise with people with a lived experience of COPD.

This exercise was undertaken in November/December 2024, and involved both facilitated face to face group conversations and also electronic surveys (circulated by GP practices) in both Elgin and Aberdeen.

People were asked four key questions, with the summary of responses outlined below:



Image 2: Summary of questions and responses from co-production

**What part of living with COPD do you feel has the greatest impact on your life?**

- Support to keep active
- Managing symptoms
- Struggling with the ability to complete daily tasks

**Are there things about living with COPD that you feel less confident about or more concerned about?**

- Breathlessness
- Coughing
- Going out

**What do you think a COPD Information Event held in your local community should include?**

- How to live with COPD
- Managing symptoms
- Treatments/medications available
- Staying active

**What would make attending a COPD Information Event worthwhile to you?**

- The opportunity to meet others and discuss living with COPD
- Access to information

*“Being able to stay active and having to give up golf”*

*“Coughing when out in public makes me less confident to go*

*“It should include the help and resources however small that are available to be*

*“Meeting people in a similar situation and hearing their coping mechanisms”*

People were asked about possible content and format options.

Figure 1. How respondents (in face to face facilitated conversations) rated suggested content topics 3 (interested) or 4 (very interested)

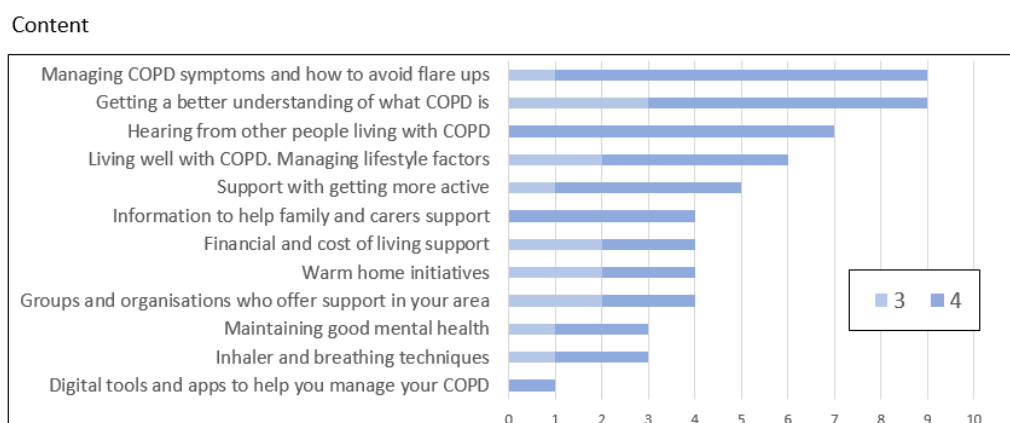
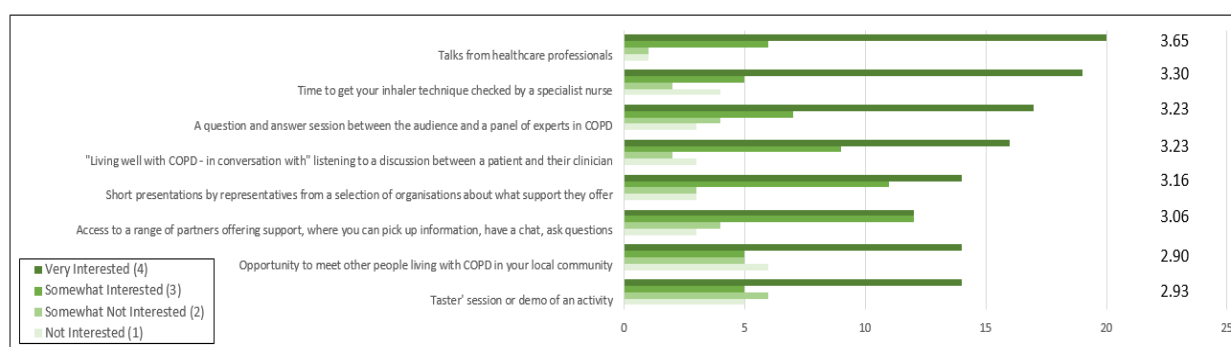


Figure 2. How respondents (in online surveys) rated suggested event formats



The key themes that emerged from the co-production phase included:

- The need for information about COPD and symptom control
- Support with keeping active and other lifestyle factors
- The desire to speak to others with the same condition

## Event Format and Funding

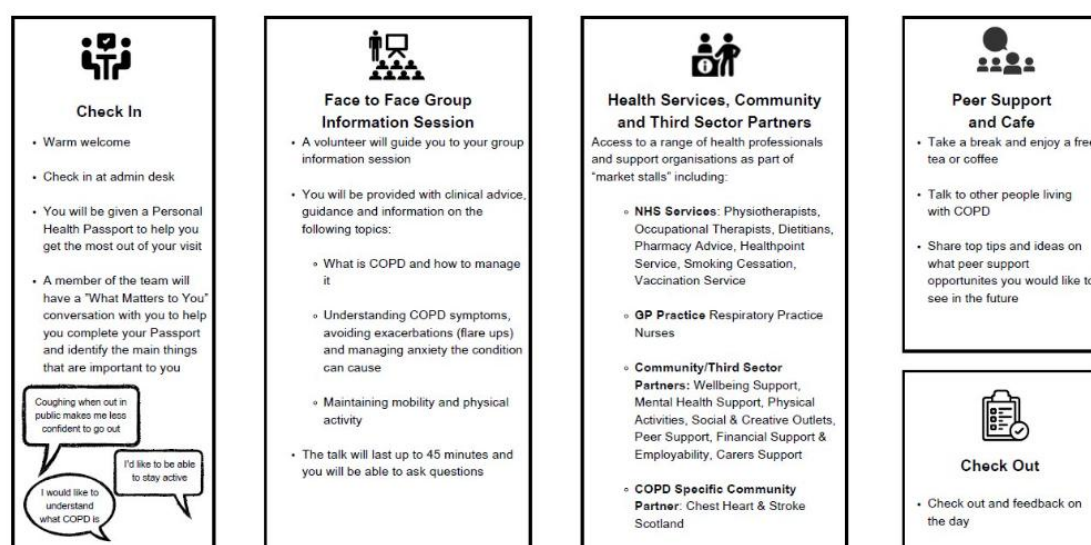
Using the findings of the co-production phase, in combination with the learnings from other relevant events and approaches, it was agreed by the Respiratory MCN that the CAD approach offered the best format for our COPD information events, notably due to the inclusion of the 1:1 'What Matters to You' conversation component, which was considered a powerful tool as part of a truly person-centred approach.

One event was held in Elgin (April 2025) and one in Aberdeen (May 2025).

The CAD Essential Ingredients were followed; a person-centred approach, understanding what really matters and tailoring delivery to the local population.

The format and sequence of each event was the same, as outlined below.

Image 3: Example of what to Expect sheet showing event format/sequence.





A maximum of up to 150 bookable patient places were made available at each event, as a result of capacity of the venues and the staffing required to deliver a quality event.

Each event was split into 5 or 6 patient arrival slots (approximately 20 – 30 patients per slot), to manage the flow of patients. On arrival, patients were checked in and given a Personal Health Passport (appendixes 2 and 3), along with a list and details of community and 3<sup>rd</sup> sector organisations in attendance and a map of the venue (appendixes 4 - 7 for examples).

They were then guided to a 'What Matters to You' conversation, which was facilitated by NHS Grampian staff (in the role of Community Connectors), helping patients to complete the first half of their Passport to help maximise what they got from the day. Patients were guided throughout the event by staff and also NHS volunteers. Following the 'What Matters to You' conversation, patients were guided to the clinical information talk, which was considered, and proved to be, a central and essential feature of the event. The clinical talk was repeated for each arrival wave of patients and delivered by a small number of respiratory expert clinicians, covering:

- What is COPD and how to manage it
- Understanding symptoms and tips for managing breathlessness and anxiety
- The importance of keeping physically active

A selection of 15-20 health services, community partners and 3<sup>rd</sup> sector organisations were present on the day in a 'marketplace' to showcase the support available for an in the local community. Representation at the marketplace was carefully curated to reflect on the findings from the co-production exercise of what people wanted information on and support with, alongside those services and supports that were known to be most relevant to those living with COPD.

Tea/coffee was provided at both events in the café area where there was also the opportunity to engage with others with COPD alongside some peer support activities detailed later in this report. Demonstrations of Pulmonary Rehabilitation exercises were also available at each event, and in Elgin participants were able to try out all ability bikes.

Before leaving patients were asked to engage with staff and complete the second half of their passport to help us evaluate the day.

## **Event Funding**

A submission by the Respiratory MCN to NHS Grampian Charity in (late 2024) was successful in being awarded funds to cover the cost of sending the invites to patients, venue hire (in Elgin), patient refreshments and back-fill for release of a practice nurse to attend the event from each practice involved. A total of £3603.22 was incurred across the two events. Without this funding from NHS Charities, together with the free loan of tables and chairs from New Elgin Public Hall for the Elgin event, it would not have been possible to hold these events.

## **Patient Invitation Process and Materials**

Patients were invited by letter (sent by their GP practice) 3-4 weeks in advance of each event. An example letter is in appendix 8. The invite also included a 'What to Expect' sheet to explain the format of the event (appendix 9). Bookings were made by patients via telephone to the NHS Healthpoint team, who managed the bookings process.

## Staff, Volunteer and Partner Briefing Materials

Comprehensive briefing sheets were provided to all staff, volunteers, community connectors, and marketplace representatives (examples at appendix 10 and 11). Thanks must go to Caroline Anderson for allowing us to model of briefings on earlier examples developed for the Aberdeen Chronic Pain CADs.

## Evaluation Methods

Evaluation and feedback data were collected via several routes:

### **CAD Personal Health Passports**

The Personal Health Passports were completed by patients throughout the event. Taking learnings from previous CADs, hard copies of the Passports were used which were copied before patients left the event. Similar to previous CADs this used the 'Collaborate' tool to ask closed questions on a Likert scale of 1-5 focused on the effort and collaborative nature of the service experienced, alongside free text questions for further feedback of their experience.

### **CAD Patient Exit Interviews**

An opportunistic approach was taken to gathering on the day feedback about the event at Elgin only. This took place as an interview with a member of NHS Grampian staff with the survey form digitised into MS forms after. On reflection it was felt there was an element of duplication with the Passport and it was decided to combine the two for the Aberdeen event, with all questions asked within the Personal Health Passport and with staff available to assist participants complete their Passport at the end of their visit.

### **CAD Staff Feedback Survey**

An MS Forms survey was circulated the day after the events to gather staff and volunteer feedback. The same survey was used for both Elgin and Aberdeen events.

### **CAD Marketplace Survey**

An MS Forms survey was circulated the day after the events to gather feedback from those who were part of the marketplace. The survey was largely the same for both Elgin and Aberdeen events with one minor tweak to gather information on number of patients engaged with.

### **Patient/Staff Stories**

Public Health colleagues attended the Elgin event and got video footage of both patient and staff stories. The patient feedback captured on video reflects common feedback themes that were repeated quoted by patients during their visit, in exit interviews and as part of their Patient Passports. Full video can be found here:

<https://www.youtube.com/watch?v=sKOpu75ySPg>

## Findings

### Attendance

Table 1: Attendance statistics

Attendance	Elgin	Aberdeen
Patients Invited	630	530
Available Places	150	144
Booked Places	144	102
Attended	123	83
DNAs	15	19
Last Minute Cancellations	6	

The Elgin event had a 23% take up rate based on number of patients invited and those that booked. This was roughly equal across both practices. In Aberdeen the take up rate was slightly lower (19%) and varied between practices.

### Patient Feedback

Patient feedback was collected via the Personal Health Passports. In Elgin these were completed by patients and additional ad hoc exit interviews were carried out. In Aberdeen the decision was made to combine the two feedback methods and there were staff on hand to help complete the passports as an interview (see appendix 12 and 13 for a more detailed summarisation, with quotes, of the feedback provided by those patients who attended each event)

#### What Matters to You

Patients completed section 1 of their passport during their 'What Matters to You' conversation. Key themes that emerged were:

- **Managing COPD symptoms**

*"Managing shortness of breath. Inhaler usage"*

*"Coughing when out in public can be hard to get back under control – embarrassment if cannot stop"*

- **Information and education needs – understanding COPD better**

*"Recently been diagnosis, want to know more about COPD"*

*"To understand the progression of COPD – how fast or slow will this progress and impact quality of life"*

- **Staying active and other lifestyle factors**

*“Remaining active, able to stand for short periods of time”*

*“Like gardening and walking but unable to do as much as before”*

*“Have reduced smoking but need advice on how to stop”*

- **Access to care & support**

*“On inhalers, not been seen in 2 years?”*

*“Difficult not to be able to see anyone because of COVID – would be really good to be able to see a respiratory nurse”*

- **Emotional and social wellbeing**

*“Fatigue advice, anxiety around being able to do what needs done”*

*“How to cope, what can be done to better it, mental health”*

These themes were broadly similar across both events. They also echoed feedback from respondents to the earlier co-production exercise.

### **Collaborate Questionnaire**

Questions were asked using the collaboRATE tool, using a 5 point scale to establish if patients felt listened to.

*Table 2: Collaborate questionnaire average scores*

Collaborate Questionnaire	Elgin Average	Aberdeen Average
How much effort was made to help you understand your symptoms and condition?	4.67	4.51
How much effort was made to listen to what was most important to you?	4.59	4.64

Averaged across both events, patients rated their CAD experience as 4.5 out of 5

*Figures 3 and 4: Results of “Please rate the experience you have had today?”*

#### **Aberdeen**

**Please rate the experience you’ve had today?**



#### **Elgin**

**Please rate the experience you’ve had today?**



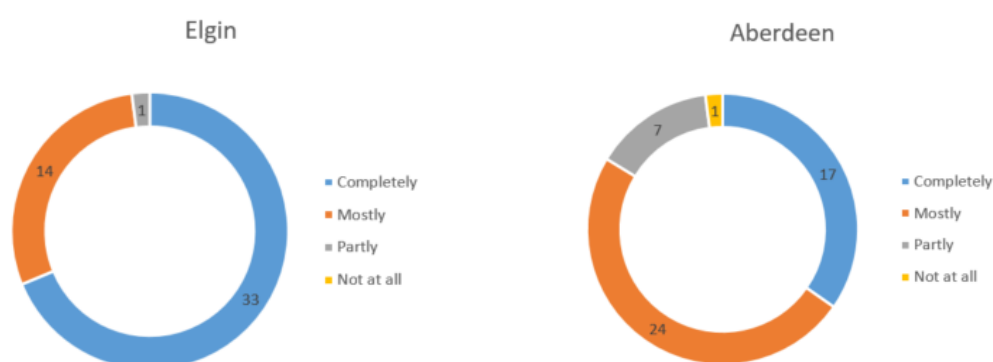
*"It's been brilliant, informative and helpful. I felt it was going to be a waste of a day. I was going to give it 10 minutes – here at 9.20am, still here at 12.15pm"*

*"The variety of people here that they are here for you. Never felt rushed. I never realised there was any of this help. We are coming away with huge knowledge"*

*"The talk was so good there was no need to ask questions"*

*"Everyone spoken to or spoken with were all excellent"*

Patients were asked **"Did today's event address what matters most to you?"** (Results in Figures 5 and 6 below)



Collectively, these responses show a positive endorsement of one of the key purposes of the CAD initiative;

*'To do things differently that supports our population and enable them to take an active part in their care AND support them with what matters most to them'*

## Patient Experience

Figure 7: Elgin results **Can you tell us if you found any of the following at today's event helpful?**

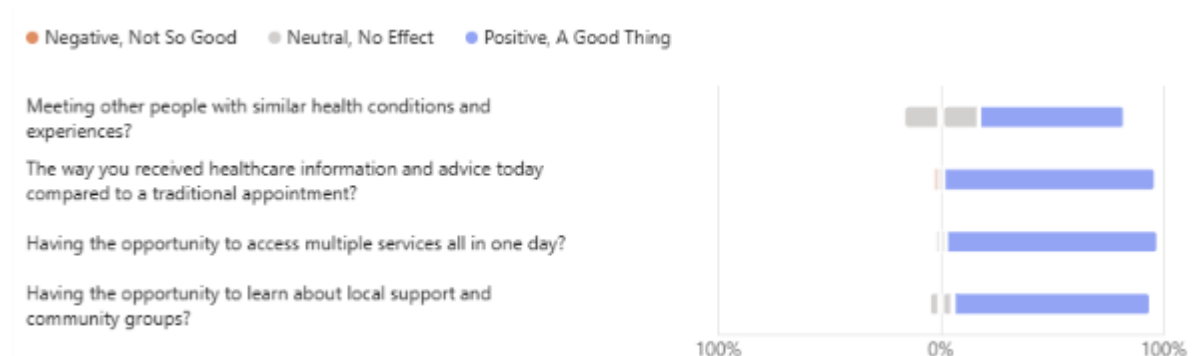
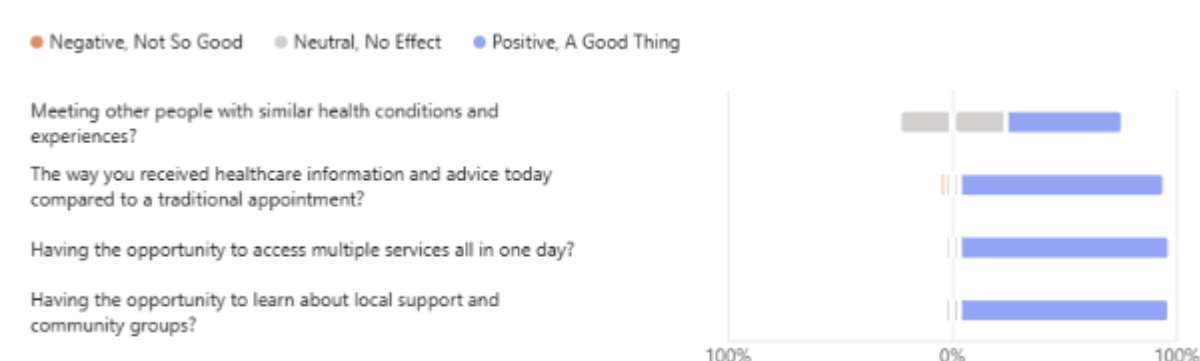


Figure 8: Aberdeen results **Can you tell us if you found any of the following at today's event helpful?**



Overall, patient feedback was very positive. As shown by figures 7 and 8 above the answers to **Can you tell us if you found any of the following at today's event helpful?** show a largely positive impact. Only one individual answered a negative impact to 'The way you received healthcare information and advice today compared to a traditional appointment?' It should be noted this was the same individual who was expecting a 1:1 appointment and rated the day 1 star.

The only aspect of the day which, at both events, gained a partial (but still only minority) response of neutral impact, was in relation to the peer element of "**meeting other people with similar health condition and experiences**". Some of the statements made at the Elgin event around this aspect included "Didn't happen", "Didn't meet anyone today". Equally however, the attendee who on exit had responded "I met folk in knew from years ago, met them here today. It was good to know I wasn't alone, I hadn't realized so many folk also had COPD", was one of the people who answered 'neutral, no effect' against this question.

There were a lot of positive free text comments across feedback from both events, key themes of these are below, with example patient quotes in italics.

**Information.** People valued the information they gained, and this seemed to plug a gap in knowledge that was frequently referenced by attendees.

*"People need more information and that is what this day has been"*

**Value of the talk and presentation.** Respondents placed high value on the talk/presentation, especially for increasing their knowledge and understanding of COPD and advice on breathing techniques.

*"Talk by medical staff was most helpful"*

*"It was good to have COPD explained further."*

*"Finding out about ways of alleviating COPD symptoms through breathing exercises."*

*"The advice and information was very good from talk and speakers."*



**Access to resources and support services/All under one roof approach.** Patients found having access to a range of services/community services in one place to be hugely beneficial.

*"Gathering more information all in one place. Advice on specific topics."*

*"Very informative, good to have everything in the same place, breathing techniques."*

**Awareness of available support** Patients frequently reported being previously unaware of many of the services and supports available

*"There is all this help that I didn't know about outside of my surgery"*

**Less time pressure** Patients welcomed having more time to speak to staff than in a traditional healthcare appointment

*"More time available to ask questions"*

*"Didn't feel rushed"*

**Helpfulness of staff and volunteers** respondents praised staff and volunteers for being friendly, helpful and knowledgeable.

*"It was helpful and relaxing, innovative and staff were brilliant."*

*"Knowledgeable, genuine interested staff, more time available to ask questions."*

**Social connection and emotional support** patients valued meeting others in a similar situation and having the opportunity to talk about COPD face to face.

*"Being able to talk and chat. Questions and understanding."*

*"Nice to meet others in similar situation, good advice."*

*"Personal contact worked wonders. Chat about the event/talk was good."*

*"I met folk I knew from years ago, met them here today. It was good to know I wasn't alone, I hadn't realized so many folk also had COPD"*

### **Delivering Against our Primary Objective**

Patients were asked to rank the impact the community appointment day had on various aspects of their knowledge, understanding, confidence and ability to self-manage their COPD as per the primary objective of the project. As can be seen in figures x and y below overall most patients reported much better or a bit better than before, showing an immediate impact of the event and improvement in their knowledge, ability and confidence to self-manage their COPD. No one reported a decline/negative impact.

Figure 9: Elgin results: **Thinking about your Community Appointment Day, please tell us what impact it has had on each of the following?** - Patient reported ranking according to primary objective

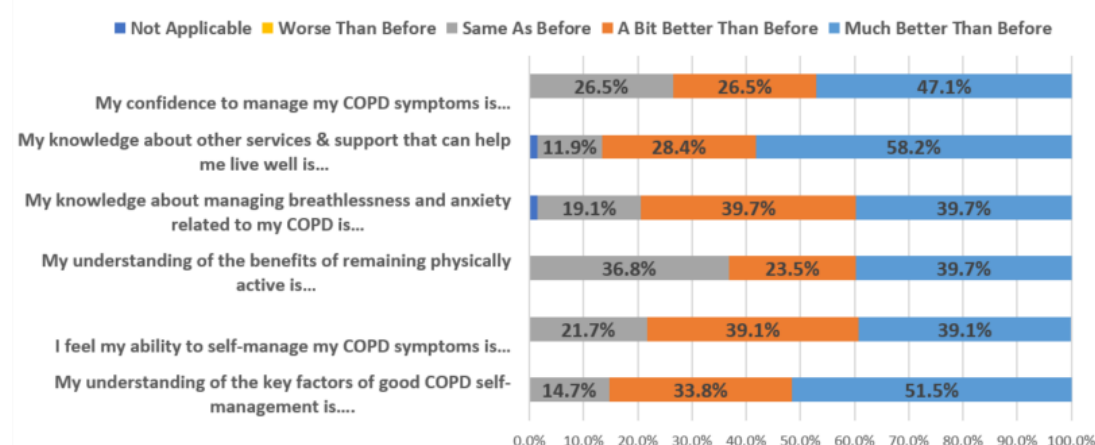
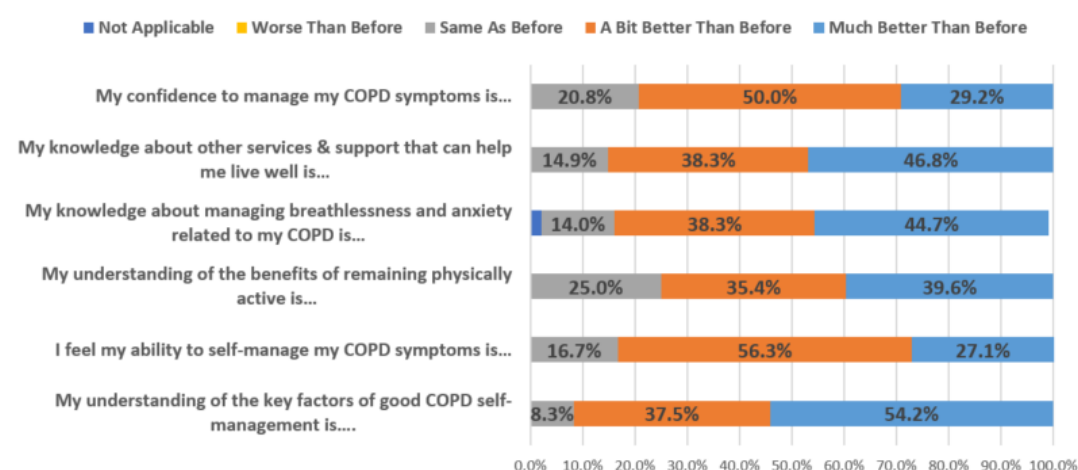


Figure 10: Aberdeen results: **Thinking about your Community Appointment Day, please tell us what impact it has had on each of the following?** - Patient reported ranking according to primary objective



Patients were asked if the event was what they expected. Despite the 'What to Expect' sheet being sent out with the invite the majority of respondents answered they weren't sure what to expect but were pleasantly surprised. One individual at the Aberdeen event was expecting a 1:1 appointment. As this is a new way of delivering healthcare a degree of uncertainty is to be expected.

*"I was uncertain about attending but was pleasantly surprised and felt welcomed."*

*"It was good but really didn't know what to expect"*

## **Patient story**

Public Health colleagues gathered the following patient story at the Elgin event through conversation. This story illustrates a common sentiment expressed by many of the attendees at the Elgin event. Permission was given to share their story.

*Aileen (age 62) and her daughter Christi (permission given to use their names)*

*'I was very apprehensive and thought I'd be bored stupid. I was a bit teary at the check in – that's my life now. Since the talk and seeing on the screen about anxiety and tiredness it confirmed it for me cos I can feel like a hypochondriac at times. My family wouldn't understand how I feel – seeing it on the screen helped me and my daughter understand.'*  
Aileen

*Daughter- 'I've done plenty of research on COPD but hadn't heard it explained like that and it gave me goosebumps. The visuals made it so straight to the point to help me understand. I didn't really understand before today.'* Christi

*'I started to feel I'd slipped through the cracks, I was diagnosed, given a care plan, and get a phone call once a year. Today has been insightful and I have met different groups and people today I didn't know about. Today has been a stepping stone to all the help you can get. I'm going to use all the advice and practical tools and I can see the benefits.'* Aileen

*'I thought it was going to be group therapy and wasn't wanting that. I relaxed when I knew it was a talk. I didn't want to appear stupid talking in a group and I was apprehensive about coming.*

*There was no pressure on me, groups were small and it felt manageable.*

*I felt I was going through it alone now I no longer feel alone and I have been heard'. Aileen*

## **Additional Practical Benefits for Attendees as a Result of the Events**

A number of attendees also benefitted on the day from receiving services or appointments/referrals related to some of the key metrics that contribute to good COPD self-management:

- On the day vaccinations
- Pulmonary Rehabilitation class referrals
- Smoking cessation referrals
- Annual review and/or practice nurse follow up

## Staff and Volunteer Feedback

*Image 3: Staff, volunteers and stall holders ready for the Elgin event*



*Image 4: Staff, volunteers and stall holders ready for the Aberdeen event*



Staff and volunteer feedback was gathered via a MS form circulated via email the day after the events. There was a higher response rate for the Elgin event (21 responses) compared to Aberdeen where only 9 individuals responded. A more detailed analysis can be found in appendixes 14 and 15.

Overall staff feedback was very positive across both events. There was one individual in Aberdeen who highlighted feeling underprepared for the community connector role delivering the WMTY conversations as they had not been able to attend the briefing session or read the pre-event information in advance. This was fed back to their line manager and further training arranged ahead of other CADs.

Questions were asked about the organisation of the day, and feeling supported, alongside some of the wider CAD aims.

Staff were asked ***“One of the purposes for the day was “To do things differently that supports our population and enable them to take an active part in their care AND support them with what matters most to them” How well do you think we met this?”***

Figure 11: Elgin staff and volunteer results

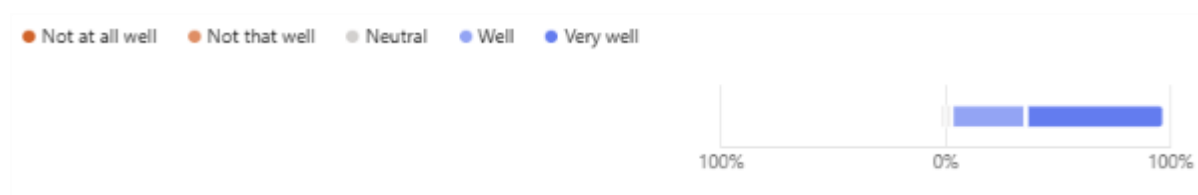
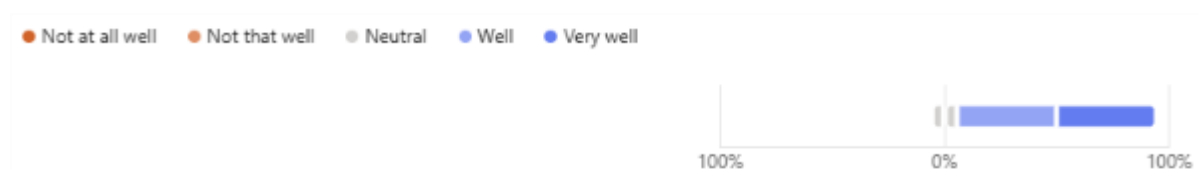


Figure 12: Aberdeen staff and volunteer results



As you can see from figures 11 and 12 above most staff felt we met this either ‘well’ (33.3% Elgin 44.4% Aberdeen) or ‘very well’ (61.9% Elgin, 44.4% Aberdeen) with 1 person at each event selecting neutral which builds on the collaboRATE tool results earlier in the report.

Staff were also asked ***“One of the purposes of the day was “An opportunity to step out of your normal day, be supported by each other and work together whilst having sight of what is available in the community to support beyond just an COPD problem” How well do you think we met this?”***

Figure13: Elgin staff and volunteer results

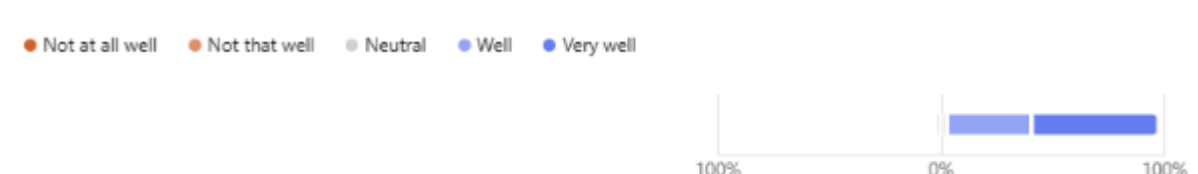
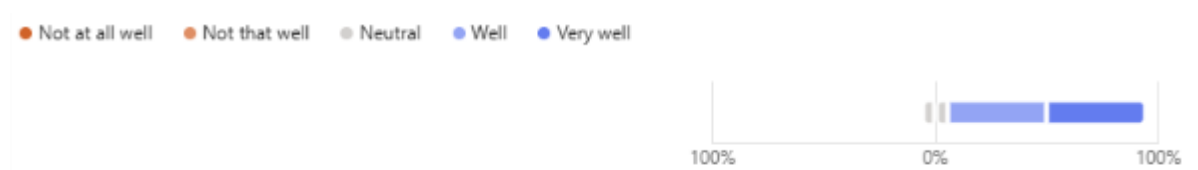


Figure 14: Aberdeen staff and volunteer results



Again, the results were largely positive with the vast majority of staff answering ‘well’ (38.1% Elgin, 44.4% Aberdeen) or ‘very well’ (57.1% Elgin, 44.4% Aberdeen). Again 1 person at each event answered neutral. There were also lots of positive free text answers, key themes of which are outlined below.

**Impact on patients** many patients reported feeling more informed, empowered and supported. Some stayed longer than expected. Positive emotional impact noted.

*"Feeling like it was what people needed and hearing them say that it has helped them.  
Most said this should be repeated."*

*"Loads of people saying they got more out of the day than expected."*

*"Seeing the difference between seeing a patient at the check-in (nervous and heavy looking) to leaving (lighter and often smiling/chatty)."*

**Organisation and planning** both events were praised for excellent planning and organisation, with clear pre-event briefing packs and sessions to explain roles.

*"Pre-event information pack was very comprehensive and set me up for what to expect on the day."*

*"Everything was seamless, the day was well paced and there was a great buzz among everyone."*

*"The briefing pack provided before the event contained very thorough details on how the day would run."*

**"What Matters to You" (WMTY) conversations** these were central to both events and highly valued.

*"Evident from asking people what mattered to them, how they actually valued being asked that, being listened to."*

*"I think the 'What Matters To You' sessions are vital... so many times in CADs I hear patients feeling before they came that they hadn't been listened to."*

**Access to Services** wide range of services and stalls were appreciated.

*"Great selection of stalls and support services... gave people the opportunity to seek support they perhaps hadn't realised was there."*

*"Bringing everything under one roof helped highlight sources of support they might not have otherwise been aware of."*

*"Having so many specialist services in one place accessible."*

**Collaboration** staff felt part of a cohesive team and appreciated the visible presence of the organisers, along with the opportunity to network with others.

*"All members of staff were happy to speak to me and help... we were all working together for the success of the event."*

*"Networking was a valuable part of the day, I feel more informed and connected."*

*"Everyone was there to support each other."*



Staff were also asked what they would have changed about the event. The majority of responses said nothing or that they felt the day had gone well. There were a few suggestions:

### Elgin

- Different room for the talks as hard to hear
- Some points felt overstaffed/not busy – timings were altered for the Aberdeen event to take this into account
- Improve visuals used for cafe peer support area – this was actioned for the Aberdeen event
- Add a note to patient letter to avoid arriving too early
- One person mentioned a token of appreciation (e.g. tea/coffee voucher) would have been nice – this was due to limited funding from NHS Grampian charities. In Aberdeen we were able to offer all staff tea/coffee.

### Aberdeen

- Background noise in venue making it hard to hear and some patients left early due to this
- Difficulty identifying which patients were leaving later in the day, and some left straight after the talk – could flow be improved?

### Marketplace Feedback

*Image 5: Some of the marketplace stalls at the Elgin event*



Stallholder feedback was gathered via a MS form circulated via email the day after the events. There was a similar response rate from both events. The survey was broadly similar to the one sent to staff helping at the events, with the addition of questions around if the event was worthwhile for their organisation. Further analysis can be found in appendixes 16 and 17.

*Figure 15: Elgin marketplace results if the CAD was worthwhile*

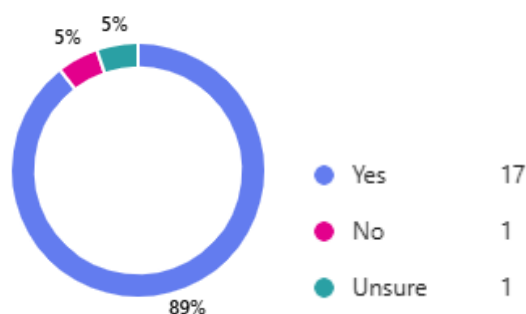


Figure 16: Aberdeen marketplace results if the CAD was worthwhile



In Elgin the two organisations that answered 'No' and 'Unsure' were Moray Pathways and DWP who felt this way due to the demographic of attendees being largely those over retirement age. This was taken into consideration when deciding which stalls to invite to the Aberdeen event.

The same two questions on the purposes of the days were posed to stall holders, as were to staff above. Results again were largely positive as shown in figures a b c and d below.

***“One of the purposes for the day was “To do things differently that supports our population and enable them to take an active part in their care AND support them with what matters most to them” How well do you think we met this?”***

Figure 17: Elgin marketplace results

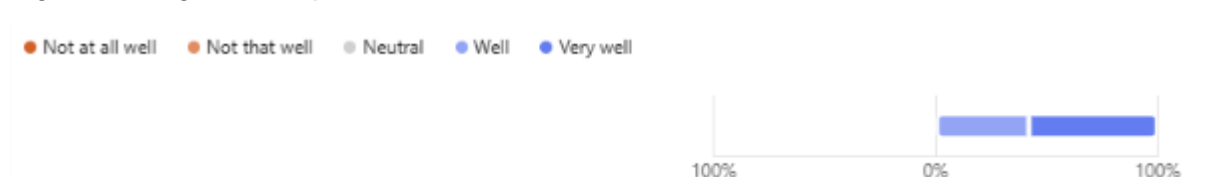
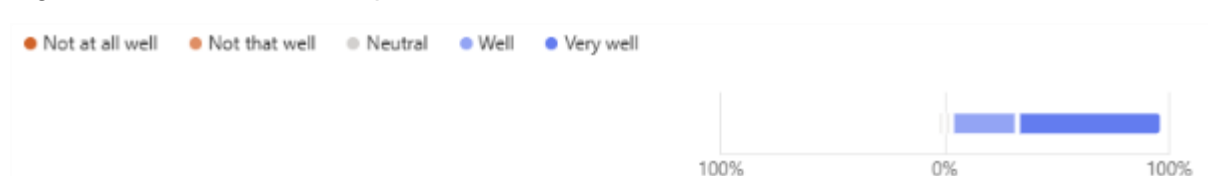


Figure 18: Aberdeen marketplace results



***“One of the purposes of the day was “An opportunity to step out of your normal day, be supported by each other and work together whilst having sight of what is available in the community to support beyond just an COPD problem” How well do you think we met this?”***

Figure 19: Elgin marketplace results

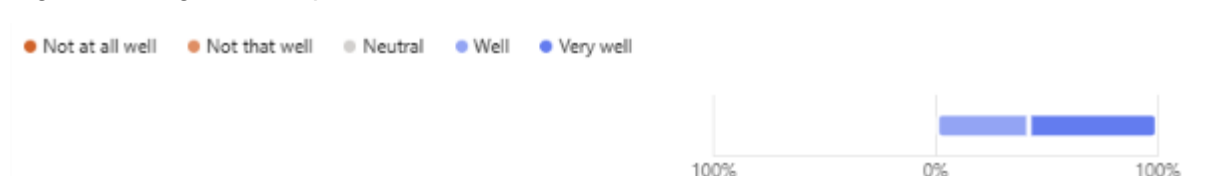
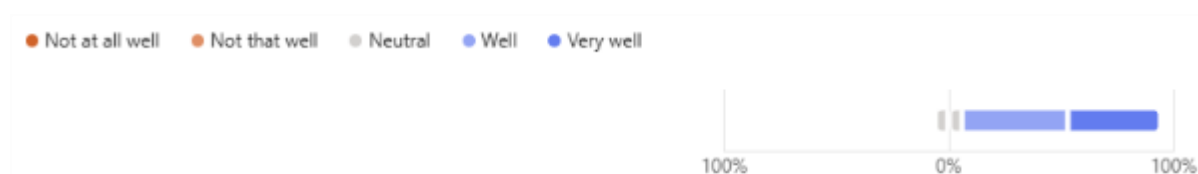


Figure 20: Aberdeen marketplace results



Again, there were lots of positive free text comments, key themes and examples are highlighted below.

**Event Structure and flow** both events were praised for their smooth organisation, clear guidance and well-timed schedules. Stallholders appreciated the structured flow from talks to marketplace which allowed for meaningful engagement

*“Good flow to the day, well briefed, lots of pre-event information. Good time keeping and signposting on the day.”*

*“The day flowed well with plenty of support for attendees on what the day involved.”*

**Networking and collaboration** stallholders valued the opportunity to network with other services, share resources and build partnerships.

*“Enjoyed meeting the other stall holders and familiarising myself with the services they all provided.”*

*“Networking opportunities with other organisations.”*

*“It was good to link up with the other practice nurse and also speak with the services that are available.”*

**Raising awareness and signposting** organisations aimed to raise awareness of their services and signpost attendees to the relevant support.

*“It was good to have people in one room as people often don't know what help is available.”*

*“It gave people options and signposting to services they may not have been aware about.”*

*“This event gave people the chance to talk about what matters most to them, and meeting people face to face gave an opportunity for immediate and more tailored signposting.”*

**Patient engagement and empowerment** the events encouraged person-centred conversations, allowing attendees to express what mattered most to them.

*“The event broke down a lot of barriers and provided clarity about the nature of the condition and how to cope well with it.”*

*“I think this event encourages people to take an active role in managing their condition which reduces feelings of anxiety and worries around uncertainty.”*

*“Spoke to attendees who said how much they welcomed the chance to talk about issues that were important to them.”*

**Staff support and communication** NHS Staff and volunteers praised for being approachable, helpful and well prepared, with pre-event communication and on the day support highlighted as key strengths.

*“Information was sent out in advance, lots of people on hand if there were any questions.”*

*“NHS staff and organisers spoke to us throughout the day to check in.”*

Like the staff survey above, stallholders were also asked what they would have changed about the event. Over half of responses said nothing or that they felt the day had gone well. There were a few suggestions:

### **Elgin**

- Uneven flow of attendees – timings were altered for Aberdeen event
- Dedicated networking time for stalls

The below suggestions were all venue specific and out with our control either due to the setup of the venue or timing restrictions with other bookings.

- Lack of access to power outlets for charging laptops
- Poor Wi-Fi/phone signal
- Noise disruption due to children entering the hall late in the day
- Feeling rushed at the end of the day

### **Aberdeen**

- Long gaps at stalls during talk then patients came all at once – is there a way to balance this?
- More emphasis on mental health suggested
- Interest in exploring group consultations for long term conditions
- One request for a larger table to better display equipment
- Lack of power outlets for laptop charging – limitation of the venue
- Suggestion of private confidential space for in depth conversations
- A list of patients attending in advance to streamline referrals

## Peer Support

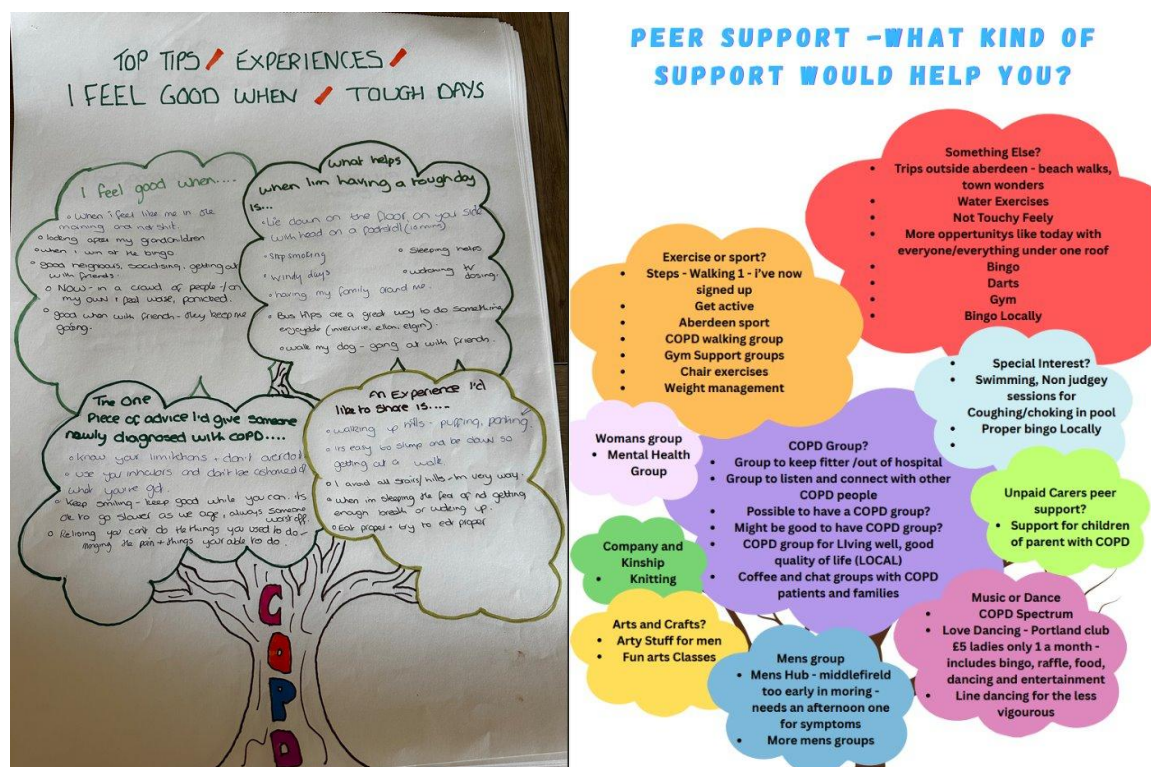
There was a dedicated cafe space at each event with refreshments provided which allowed attendees a space to sit down, reflect on the day and complete the feedback section of their passports. We also hoped this would provide an opportunity for patients to speak to each other and gain peer support from others in a similar position. We found at the Elgin event this did not really happen, as evidenced in figure 7 above. Chest Heart and Stroke Scotland (CHSS) had a peer support stand in the cafe, but this was not well attended or interacted with.

For the Aberdeen event a colleague within the PIP Directorate, alongside CHSS, designed 'trees' to encourage interaction with patients asking for their top tips, experiences of tough days and 'I feel good when...' along with what type of support would help them. There was also a tree showcasing some of the groups already on offer in Aberdeen. Although this did not show a huge change (compared to the Elgin event) in patient reported impact on speaking to others (figure y above) there was good interaction with the members of staff that were facilitating the peer support element in the café. See appendix 18 for more detail of the information captured at the Aberdeen event as part of the facilitated peer support element.

Anne-Marie Barry from CHSS reflected:

*"One key takeaway was that many attendees were not yet ready to join a support group."*

Images 6 and 7: Example of one of the trees filled out on the day and typed up for sharing





## Reflections and Lessons Learned

### Reflections on Delivery Against the Commissioning Ask

Both events were a huge success on the day, with very positive feedback overall from patients and, crucially, self-reported increases in their knowledge, ability and confidence to self-manage their COPD symptoms as a result of attending.

A key message from patient feedback was that the events filled an essential information gap – with many patients reporting being previously unaware of what information and support was available, and for some that included what could be deemed core aspects of COPD self-management (e.g. access to Pulmonary Rehabilitation).

The Alliance were recently quoted as saying “The best self-management happens when people feel heard, respected and supported”. The on-the-day patient feedback from the two COPD Community Appointment Days delivered as part of this project showed that the vast majority of those who attended felt heard, respected and supported.

It is no surprise therefore, that on the primary objective of the project - improving how informed, able, and confident patients felt about managing their COPD symptoms - attendees’ experience translated to at least 70% reporting much better or a bit better than before the event on each of those 3 metrics.

### Reflections on the use of the Community Appointment Day Approach

Almost all the patients that came to each of the events reported liking and benefitting considerably from the event, despite many being unsure in advance of what to expect, or whether it would be worth it.

However, it is acknowledged that the majority of those invited did not take up the offer. Of the 1160 letters posted to patients, only 246 (21%) took up the offer to attend. While this level of take up is quite typical for an in-person healthcare information event of this nature, it nevertheless highlights that, as an approach, for various reasons at least 80% (of a population cohort that will typically be top heavy in older, retired persons) did not take up the invitation.

Those patients who **did** attend, along with staff and marketplace stallholders, all valued the in-person, and all under one roof, format of the community appointment day, and the unpressured time it offered for interactions. The value in being able to link people with services and support in-person on-the-day appeared to be very welcome. The question is whether this method also proves to be more effective, and this will be revisited as part of the proposed Lasting Impact Evaluation activities. Jane Russell from ACVO shared a thought on the day of the Aberdeen event that ‘signposting’ can typically be more effective and is more likely to be taken up by the recipient if it goes beyond simply signposting with a leaflet.

There were several comments from patients who attended expressing a desire for more events like these.

Community Appointment Days - involving the key elements of a What Matters to You conversation, a clinical information talk, and marketplace of services and support – are nevertheless very resource hungry to plan and organise, and to deliver on the day.

Typically, in each of our two CADs, we had in attendance on the day between 28-41 staff/volunteers to help in the delivery of the event, spread across a range of different roles.



See appendix 19 for an illustration of the nature and number of roles we used. The variation in the required number of staff/volunteers between the 2 events was largely attributable to differences in the scale and layout in the venues used (Elgin was a larger venue with the event held over 2 floors and needed more staff to assist with patient flow and signposting). This number excludes marketplace representatives (which added 1-2 people per stall across 20-23 different marketplace stalls/partner services at each event).

By their nature, CADs also have capacity constraints (how many patients you can accommodate at an event) to ensure delivery of a quality, meaningful event for attendees. But this also has to be balanced against ensuring minimum attendance, so as to make the resource and time commitment viable and worthwhile, for both staff and marketplace partners.

This is worth reflecting on when considering the scale of potential demand for COPD CADs. There are well in excess of 10,000 people in Grampian living with COPD, and our two events had capacity to offer the opportunity to just under 300 of them and were able to reach 206 of them (the number who attended), over 2 full days and with a total on-the-day time commitment equivalent to a total of 69 x staff/volunteers 'man' days. Add in a minimum of 1 stallholder per stall, and an additional 43 'man' days are factored in, giving a combined staff/volunteer/stallholder 'man day' to patient ratio of 112:206 (1:1.84). Any lasting impact therefore needs to be measured and considered against this 'human investment', if the same approach were to be considered for future use.

### What went well?

- The format of the event. There were lots of positive comments about the 'What Matters to You' conversations, ensuring patients felt listened to, and the flow of the event, with the talk setting attendees up with which marketplace offerings they wanted to speak to, and what questions to ask. Typically attendees spent around two hours at their event – considerably more than a typical annual review.
- The content of the event. There were lots of positive comments about the clinical talk, and this proved at both events to be a central success factor to the overall experience patients had. The offerings in the marketplace also appeared to by and large be the correct mix of what people found useful.

### What didn't go so well/could be improved?

- There were a few comments at the Elgin event that it was hard to hear the speakers and difficult to read the presentation. This was largely due to the size and shape of the room available for the talk. For the Aberdeen event these comments were taken on board, and a larger screen was sourced. The venue had a microphone which was used to help combat the background noise.
- For the Elgin event, the need to externally source 20 tables and 50 chairs for the marketplace component, and separately source transport for them to the venue, proved time consuming. The furniture was ultimately loaned free of charge from New Elgin hall (as a result of an NHS staff connection), and the vehicle and manpower for its transport to and from the venue were provided free of charge by Moray Council. Without these gestures of good will, the required furniture would have had to have been sourced and paid for as a commercial arrangement, which would have made the event cost prohibitive.

There were clear organisational and cost advantages between the Aberdeen and Elgin event, the former using an NHS facility and with access to an NHS staff compliment. Looking forward to future in person events of this nature, the pros and cons of using centrally located NHS facilities, versus holding events within or close to the target communities they serve, would have to be carefully weighed up.

## Evaluation Next Steps

### Lasting Impact Evaluation

While both COPD events were significant on-the-day successes, further evaluation is required to ultimately establish whether they lead to lasting impact, and behaviour change, for those that attended. Thinking back therefore to the commissioning ask:

Do the events and what they offered result in lasting improvement in patient self-management of COPD for those who attended?

Do those who attended experience improved symptom control?

Is there any measurable reduction in access to healthcare services (patient reported) for respiratory symptoms by those who attended?

Is there any reduction (patient reported) in symptom burden for those who attended?

To answer these questions, two further areas of evaluation are proposed.

- Follow up patient interviews. Working with Andrea Gilmartin, NHSG Public Health Researcher, we hope to arrange for follow up telephone interviews with a number of patients who attended the event NHS. These would be carried out approximately 6 months after the event was held. Key questions would be used to measure to what degree there has been any sustained behaviour change by those who attended the event and to help answer the questions posed above.
- GP and admissions data. We would also hope to be able to work with the GP practices who were involved in each event, and compare unscheduled healthcare usage (both primary care and acute admissions) due to respiratory symptoms, for those practice populations for 2024/25 and 2025/26, to look for evidence if any reduction in demand for healthcare services due to respiratory symptoms, and to look for any improvement in symptom control by those patients who attended the events.

## Looking Forward – Some Possible Considerations

While the results of the above proposed further evaluation will not be available for some time, there are some key questions that might be appropriate start thinking about part of a forward looking plan for supporting increased self-management of COPD.

- **What** makes a key positive difference to patient COPD self-management?
- **How** might we effectively and sustainably support that?
- **What** are the possible models for delivery?

In essence, how to take the learnings of what these events achieved, and help people feel heard, respected and supported? How to effectively support people to have access to the right information and support, the right nudge, in the right place, at the right time, in a way that is sustainable for both patients and healthcare services?

Let's start with a summary of the key things people wanted, and valued, from the events.

- **More Information** (clear information about my condition and how to manage it)
- **Less time pressure** (meaningful interactions with healthcare & support services)
- The benefits of **everything in one place**
- **Greater awareness of all the support available.**

If the results of the proposed further evaluation outlined above tell us that this make a lasting positive difference to patient self-management of their COPD, then the questions is how to support that effectively and sustainably.

A one size fits all model is rarely the answer - let's not forget that only around 20% of those invited took up the offer of attending a CAD.

A future model might include consideration of some or all of the following:

- CAD style events, either condition specific or as part of wider multi-condition events
- Review of the content and occurrence of GP nurse annual reviews.
- Tools to support annual reviews and their patients the other 364 days of the year
  - Online tools for patients– e.g. recordings of the clinical talk, websites with all available support
  - Booklets/leaflets – COPD self-management top tips
  - Toolkit for GP practice staff to support patients with COPD self-management
- Variations on the traditional 1:1 annual review
  - Group Consultation model (allows for annual review, peer support, time effective way to provide additional content and support beyond the traditional annual review, eg guest speaker – say it once to a group of 10 patients etc)
- Additional community based and 3<sup>rd</sup> sector support
  - CHSS self-management courses

There are also questions for the MCN to consider in terms of its role in this.

- What is its role in improving patient self-management?
- Should its role focus on patient education, targeted at patients, for example future patient-facing events similar to these CADs?
- Should its role focus on practice education, to help equip primary care staff with the necessary tools to support improved patient self-management?
- Should any agreed focus be on a pan-Board approach, a cluster approach, or on those GP practices with higher than average acute admissions of their COPD patient list?

## Appendixes

[Appendix 1: Commissioning ask of the project as set by the Respiratory MCN](#)

[Appendix 2: Personal Health and Wellbeing Passport Elgin](#)

[Appendix 3: Personal Health and Wellbeing Passport Aberdeen](#)

[Appendix 4: Floorplan Elgin](#)

[Appendix 5: Floorplan Aberdeen](#)

[Appendix 6: Marketplace Stalls Descriptions Elgin](#)

[Appendix 7: Marketplace Stalls Descriptions Aberdeen](#)

[Appendix 8: Example of a Patient Invite Letter](#)

[Appendix 9: Example of a 'What to Expect Sheet'](#)

[Appendix 10: Example of the Staff and Volunteer briefing](#)

[Appendix 11: Example of the Community Connector Briefing](#)

[Appendix 12 Patient Feedback Analysis Elgin.docx](#)

[Appendix 13: Patient Feedback Analysis Aberdeen](#)

[Appendix 14: Staff and Volunteer Feedback Analysis Elgin](#)

[Appendix 15: Staff and Volunteer Feedback Analysis Aberdeen](#)

[Appendix 16: Marketplace Stalls Feedback Analysis Elgin](#)

[Appendix 17: Marketplace Stalls Feedback Analysis Aberdeen](#)

[Appendix 18: Peer Support Completed Trees Aberdeen](#)

[Appendix 19: Example of Nature and Number of Roles Used](#)